BUDGET FORM

	Total Requested
I. Personnel	
A. Salaries/ Wages Position/name: _____ _____ hours per week @ $ _____/ hr x 52 weeks Position/name: _____ _____ hours per week @ $ _____/ hr x 52 weeks Hours worked on evaluation: _____ **total** hours @ $_____/hr	
B. Benefits _____ % x ____(income)__ = benefits	
Subtotal:	
II. Non-personnel	

A. Travel (include 1 training in the Wasatch front)*
    ___ trips x ___ people x _____ miles r/t x .375/mile
    ___ days per diem x $_____/day x ___ people
    ___ nights lodging x $_____/day x ___ people	

B. Supplies (please itemize)	

Item	Unit Cost	Number Purchased	

	Total Requested
C. Incentives/Food	

Item	Unit cost	Number Purchased	

	Total Requested
D. Printing and copying	
Total Budget:	

*Plan for travel to one training along the Wasatch Front area. In-state mileage costs are reimbursable at $.375/mile.

*Include a brief written narrative explaining the purpose for each of the items listed on the budget form.